

INDUSTRIAL HYGIENE SINGLE STRESSOR AIR SAMPLE SURVEY FORM NEHC 5100/14

This form is used to record information collected while sampling with air sampling pumps and passive monitors. Analytical information is provided by the laboratory. As many as 5 workers may be listed on each form, but only 1 stressor. Personal breathing zone and area samples may be listed on the same form.

Front Side

TO The address of the consolidated industrial hygiene laboratory to which the sample is being sent.

FROM The complete address of the command requesting the sample analysis.

POC The industrial hygienist to contact in case there are questions concerning the sample(s).

PHONE The complete commercial and DSN phone numbers of the POC.

FAX The fax number of the POC.

DATE The date the samples were collected.

IH UIC The Unit Identification Code (UIC) of the command providing industrial hygiene support.

ACTIVITY The name of the command receiving industrial hygiene support.

UIC The Unit Identification Code of the command receiving industrial hygiene support.

BUILDING/LOCATION The building or hull number where the samples are being collected.

SHOP/CODE The name and/or number of the shop where the employee being sampled works.

PRODUCT USED A description of the product containing the stressor (e.g., welding rod, spray paint, degreaser, etc.).

VENTILATION

From the following list, select the most closely matching ventilation type:

- a. Natural
- b. General
- c. Small Booth
- d. Large Booth, non walk-in
- e. Large Booth, Walk-in
- f. Canopy Hood
- g. Glove Box
- h. Laboratory Hood
- i. Free Hanging
- j. Lateral Slot
- k. Push-Pull
- l. Downdraft
- m. Metal working/wood working
- n. Low Volume-High Velocity

MEETS SPECS

Based on measurements, does the ventilation meet applicable standards or guidelines? "Y" for yes; "N" for no; "U" for unknown.

USED

Is the ventilation system used? "Y" for yes; "N" for no.

UNSAMPLED PERIOD

Mark the appropriate box. For Other, please specify conditions.

SHIFT

Number codes. Mark the appropriate box on the form.

- 1 = Day
- 2 = Evening
- 3 = Night

FREQUENCY OF OPERATION

Number codes. Mark the appropriate box on the form.

- 1 = Daily
- 2 = 2-3 Times/Week
- 3 = Weekly
- 4 = 2-3 Times/Month
- 5 = Monthly
- 6 = 2-3 Times/Year
- 7 = Yearly
- 8 = Special Occasions

DURATION OF OPERATION	<p>Number codes. Mark the appropriate box on the form. This is the usual or normal time it takes to perform the operation.</p> <p>1. = 0 - 15 minutes 2. = 15 - 30 minutes 3. = 30 - 60 minutes 4. = 1 - 2 hours 5. = 2 - 4 hours 6. = 4 - 6 hours 7. = 6 - 8 hours 8. = > 8 hours</p>	CODE(S)	The code(s) of the personal protective equipment in use. A list of codes to be used can be found in the Industrial Hygiene Field Operations Manual, Appendix 3-C.
M OR C	Is/are the individual(s) being sampled military or civilian? Mark the appropriate box(es). To be marked only if this is a personal sample.	STRESSOR	The stressor being sampled. A list of stressors with exposure standards is in the IHIMS manual.
P OR A	Is/are the sample(s) collected as personal (P) or area (A)? Mark the appropriate box(es). For area sample(s) the M or C box(es) should not be marked.	CAS#	The Chemical Abstracts Service (CAS) registry number.
EMPLOYEE NAME	The complete name of the employee sampled.	SAMPLE #	The unique number used to identify the sample.
SSN/ BADGE #	The last 4 digits of the social security number or the badge number of the employee sampled.	LABORATORY#	The number used by the lab to identify and track the sample.
TASK	Further defines the operation.	SAMPLE DURATION	The duration of the sample, in minutes (calculated from pump 'on' and 'off' times).
WORKSITE	The location inside the building or ship where the samples are being collected.	FLOW RATE	The flow rate of the sampling pump, or the <u>equivalent flowrate of the passive monitor</u> , in liters per minute.
JOB TITLE	Job title of individual sampled.	VOLUME	The total volume of air collected, in liters.
OPERATION	A brief description of the operation performed during the sample period (e.g. not 'painting' but 'spray painting ship's hull').	RESULTS	This data is provided by the laboratory. The result(s) of analysis are expressed as μg per sample or fibers per mm^2 .
CODE	The operation code which most closely matches the operation being evaluated. A list of operation codes can be found in the Industrial Hygiene Information Management System (IHIMS) manual.	CONCENTRATION	The concentration of the stressor(s) in mg/m^3 or fibers/cc. <u>To be calculated by the sample taker.</u>
RESPIRATOR	A description of the respirator being used by the employee, to include manufacturer, model, type of cartridge, etc. If no respirator is in use, state "none."	8-HR TWA	The calculated 8-hour time weighted average(s) of the stressor(s). <u>To be calculated by the sample taker.</u>
CODE	The NIOSH approval number for the respirator used.	DATE RECEIVED	The date the sample was received by the laboratory.
PPE	A description of any personal protective equipment in use during the sample period.	ANALYTICAL METHOD	The method used by the laboratory to analyze the sample.
		LOD	The limit of detection of the analytical method, to be provided by the laboratory.
		ANALYSIS PERFORMED BY	The name and signature of the chemist performing the analysis.
		DATE ANALYZED	The date the sample was analyzed.

ANALYSIS REVIEWED BY Name and signature of the reviewing supervisor.

DATE REPORTED The date the laboratory reported the results.

COMMENTS Explanatory comments by the chemist about the sample or analysis.

Reverse Side

CALIBRATOR The manufacturer, model, type and serial number of the calibration device.

PRE CAL DATE The date the sample pumps were pre calibrated. Must be the same date as post calibration and sample date unless sampling across the midnight hour.

CALIBRATED BY The **printed** name and **signature** of the person performing the calibration.

POST CAL DATE The date the pumps were post calibrated. Must be the same as the pre calibration and sample date unless sampling across the midnight hour.

PUMP MFG The manufacturer of the sampling pump or passive monitor.

PUMP MODEL The model number of the sampling pump or passive monitor.

PUMP TYPE The type of air sampling pump (i.e., multi-flow, high flow, etc.).

PUMP SERIAL # The serial number of the sampling pump or passive monitor.

PRE CAL FLOW RATE The average flow rate during pre calibration.

POST CAL FLOW RATE The average flow rate during post calibration.

LOWER FLOW RATE

The lower of the pre and post calibration flow rates. This flow rate is to be used when calculating sample volume. The difference between pre and post calibration values should not exceed 5% when calculated by the equation:

$$\% \text{ error} = \frac{\text{high value} - \text{low value}}{\text{low value}} \times 100$$

For passive monitors, enter the manufacturer's listed equivalent flow rate.

FIELD ID # The number used to identify the sample in the field.

MEDIA The type of media used to collect the sample (e.g., MCEF, CT, 3M 3500 OVM).

LOT/TUBE # The manufacturer's lot or tube number for the media.

EXPIRATION DATE The expiration date of the media, if any.

TIME OFF The time the sampling period ended.

TIME ON The time the sampling period began.

PUMP CHECK(S) The **time(s)** when the pump was checked to ensure proper operation.

CALCULATIONS Any calculations associated with the calibration or sample results.

TIME COURSE OF EVENTS/ COMMENTS A **detailed** chronological description of the operation and any other comments or observations. Anyone reading the TCOE should be able to develop a mental image of what occurred during the operation.

LENGTH OF OPERATION The actual amount of time the operation was performed on the day the sample was taken. This may or may not correspond to the actual sampling time.

IHT/WPM The **printed** name and **signature** of the industrial hygiene technician or workplace monitor performing the sampling.

DATE The date the form was signed.

IH The **printed** name and **signature** of the industrial hygienist performing the sampling or reviewing the sample form.

DATE The date the form was signed.

PRIVACY ACT STATEMENT To be read, signed, and dated by the person(s) being sampled, if required by your Command.